Specialty APPLIANCES™

# M.A.R.A. Rx

## (MANDIBULAR ANTERIOR REPOSITIONING APPLIANCE)

**OFFICE USE:** 1 2 3 4 + **PD:** SA DR
**MODELS:** U L BOTH BANDS CROWNS BROKEN
**IMPRESSIONS:** U L BOTH
**DISINFECT:** ____ **QA IN:** ____ **FINAL INSP:** ____

DOCTOR _____ ACCT# _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

PATIENT NAME _____

**DATE SHIPPED** _____ **DATE NEEDED*** REQUIRED

**Date needed should be at least 1 day before appointment date.*

◯ **APPROVAL TO CHARGE EXPRESS SHIPPING TO RETURN ON DATE NEEDED**

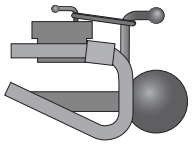
**DIGITAL SCAN TAKEN WITH:**
◯ iTero® ◯ Carestream ◯ CEREC
◯ TRIOS® ◯ Medit ◯ Other _____

## M.A.R.A.

◯ M.A.R.A. ROC™ (Removed Occlusal Crowns)
◯ M.A.R.A. Full Crown

### LOWER STOPS
◯ Standard Lower Stops
◯ Extended Lower Stops

### ADDITIONAL PARTS
**Extra Shims**
◯ 1mm ____ qty
◯ 2mm ____ qty
◯ 3mm ____ qty
◯ 4mm ____ qty



**Extra Elbows**
◯ Long (12mm) ____ qty



◯ Standard (10mm) ____ qty



◯ Short (8mm) ____ qty



## BITE RELATIONSHIP

◯ Use enclosed wax bite for AP
◯ Use lines on models for AP
◯ Position for Class I Molars
◯ Position anterior edge to edge
◯ Max incisal opening ____ mm

## EXPANSION OPTIONS

| | U | L |
|---|---|---|
| 12mm RPE Screw | ◯ | |
| Mini-Expander | ◯ | ◯ |
| Click Screw | ◯ | ◯ |

Other type: _____

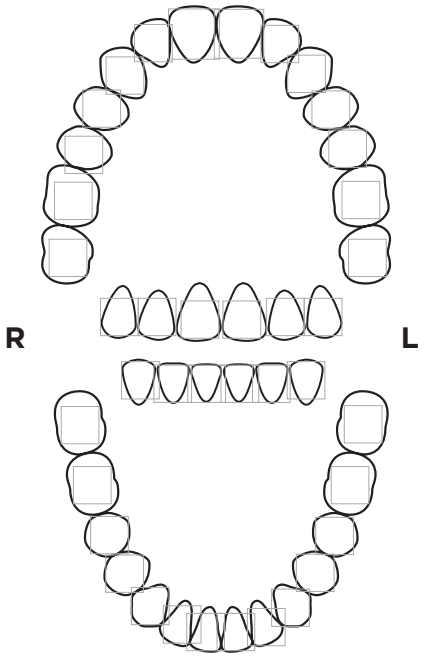
## ACCESSORIES

### WIRE
◯ Lingual Arch: Lower
◯ Transpalatal Arch
◯ Quad Helix: Upper

### RESTS
◯ 2nd Molar Rests ◯ Upper ◯ Lower
◯ Ball Clasps ◯ .032 Wire ◯ .036 Wire

### ARCHWIRE TUBES
◯ AW Tubes: Upper ◯ .018 ◯ .022
◯ AW Tubes: Lower ◯ .018 ◯ .022
◯ Occlusal ◯ Gingival

### CROWN OPTIONS
◯ Lingual Seating Lugs
◯ Vent Holes
◯ Debonding Holes
◯ Vertical Slits




## ANCHORAGE

◯ Specialty Appliances provides and fits:
◯ Band(s) ◯ ROC(s)™ ◯ Crown(s)
◯ OnBRACE®
◯ Bands or Crowns enclosed with case

R | 7 6 5/e 4/d | d/4 e/5 6 7 | L
R | 7 6 5/e 4/d | d/4 e/5 6 7 | L

## OCCLUSAL RESTS

### OCCLUSAL RESTS PER DIAGRAM

R | 7 6 5/e 4/d | d/4 e/5 6 7 | L
R | 7 6 5/e 4/d | d/4 e/5 6 7 | L

◯ **3D PRINTED/SINTERED**
Available for Bands, ROCs, and Crowns
*(Select for 3D Metal Printing)*

**SPECIAL INSTRUCTIONS**

_____

_____

_____

**DOCTOR SIGNATURE** S/ _____

**License #** REQUIRED _____ **Expiration** mm/yy _____


**(800) 522-4636**
**www.specialtyappliances.com**

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